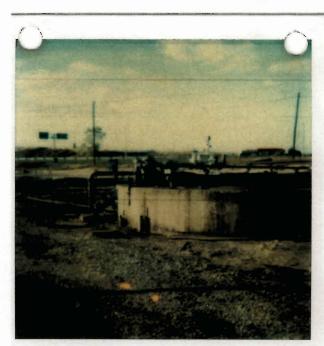


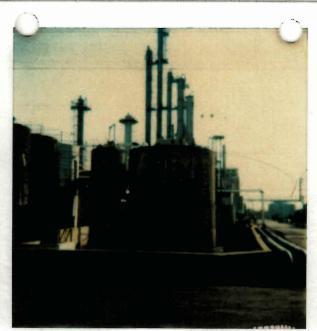
DRUM CLEANING AND STORAGE AREA



DRUM CLEANING AND STORAGE AREA



EFFLUENT SEPARATOR



EFFLUENT SEPARATOR (PROPOSED)



"HOT BOX" AND DRUM STORAGE



DRUM STORAGE



NEUTRALI ZATION AREA



ASBESTOS STORAGE



DRUM STORAGE



DRUM CLEANING AND STORACE AREA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

FE8 5 1981

REGION II

26 FEDERAL PLAZA NEW YORK NEW YORK 10278 NEWARK, N. J.

February 3, 1981

NJD002154789

CONTINENTAL DIL CO INC

191 DOREMUS AVENUE NEWARK

NJ 07102

Dear Sir:

Early in October, 1980 the Region II office of the United States Environmental Protection Agency ("EPA") sent you a letter inquiring about any activities conducted at your facility that involved hazardous wastes. This information was requested pursuant to Section 3007 of the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. §6927. To date, we have not received a reply from you.

As stated in our earlier letter, we believe that you or your company handles hazardous wastes, as defined in RCRA and its accompanying regulations. However, we need additional information from you so that we can accurately determine your status. If you handle hazardous wastes in sufficient quantities to come under this Agency's regulatory control, you are legally required to notify the Agency of your activities and you must comply with certain requirements. If you do not handle hazardous wastes in quantities sufficient to be covered by our regulations, of if you do not handle hazardous wastes at all, this information should also be provided to us.

Facilities which generate, transport, treat, store or dispose of sufficient quantities of hazardous wastes without notifying EPA or without complying with EPA regulations are subject to fines of up to \$25,000 for each day that a violation exists. Furthermore, parties who did not answer our earlier letter and who fail to answer this letter and who are later found to be handling hazardous wastes can also be subject to fines of up to \$25,000 per day of violation. Therefore, we request that you answer the following questions.

First, do you handle any "hazardous wastes" as this term is defined in RCRA and the regulations promulgated under RCRA (regulations defining hazardous wastes were published in the <u>Federal Registers</u> of May 19, 1980; July 16, 1980; October 30, 1980; November 12, 1980; November 17, 1980; November 19, 1980 and November 25, 1980)? If you do handle such hazardous wastes, what is the greatest quantity of hazardous wastes you handle in any one month? Please identify the wastes by type, characteristics, components and/or production process.



Your response to this letter should be sent to:

Permits Administration Branch U.S. Environmental Protection Agency Region II 26 Federal Plaza, Room 432 New York, New York 10278

Your response should be returned within 14 days of your receipt of this letter and should be signed by an authorized responsible officer of your firm. Failure to respond in a timely manner may, as outlined above, subject you to fines of up to \$25,000 per day of violation. Even if you believe that you do not handle hazardous wastes, it is important that you answer this letter and apprise us of that fact. If you have already notified EPA of your activity, or believe that you responded to a previous inquiry, please provide us with your EPA hazardous waste activity number as well as copies of your earlier submittals.

If you have any questions about this letter, please write the Permits Administration Branch at the above-listed address, or call (212) 264-7306 between the hours of 10am-]:2pm and 1pm-3pm Monday through Friday.

Sincerely yours

Julio Morales-Sanchez

Director

Enforcement Division



ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility with the EPA Identification Number shown on the front of this postcard; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA Form 3510-3A (12-80)



Official Business Penalty for Private Use \$300

United States Environmental Protection Agency (WH-563) -----

Washington, DC 20460

First-Class Mail

Permit No. G-35

FPA

Postage and Fees Paid

NJD004948188
PITT-CONSOL CHEMICAL COMPANY
191 DOREMUS AVENUE
NEWARK, NJ 67105



AMILIA BAKA - BA CTARA TOME - SAMBAND - ALARON

Please print or type in the unshaded areas or (fill—in areas are spaced for elite type, i.e., i	aracters/incl	ı).			Form Approved ÓMB No. 1	58-RC	1175	11103
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II. POLLUTANT CHARACTERISTICS						50YSH		
questions, you must submit this form and the if the supplemental form is attached. If you	supplemen	tal fo	orm li ach d uctio	isted in the question, y ons. See als	submit any permit application forms to the EPA. If you ans e parenthesis following the question. Mark "X" in the box in you need not submit any of these forms. You may answer "noto, Section D of the instructions for definitions of bold—faced	the th	nird co our ac s.	olumn ctivity
A. Is this facility a publicly owned treatn which results in a discharge to waters o (FORM 2A)		YES	X	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a	YES	X	ATTACHE
C. Is this a facility which currently results in	discharges	16	17	-10	discharge to waters of the U.S.? (FORM 2B) D. Is this a proposed facility (other than those described	19	20	21
to waters of the U.S. other than those of A or B above? (FORM 2C)		22	X 23	24	in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or hazardous wastes? (FORM 3)	dispose of	X 25	29	X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	
G. Do you or will you inject at this facility an water or other fluids which are brought to in connection with conventional oil or nate duction, inject fluids used for enhanced oil or natural gas, or inject fluids for stora hydrocarbons? (FORM 4)	the surface ural gas pro- recovery of		Х		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary sour one of the 28 industrial categories listed structions and which will potentially emper year of any air pollutant regulated Clean Air Act and may affect or be low	d in the in- it 100 tons under the	538 538 535 p.	X	36 63 (15)(4 63 (15)(4	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	37	X	19 1000 1000 1000
attainment area? (FORM 5) III. NAME OF FACILITY		40	41	42	area? (FORM 5)	43	44	45
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IV. FACILITY CONTACT	TLE (last, fi	rst, &	title)	B. PHONE (area code & no.)		Sales N	
2 R.E.V.E.L.T., W.I.L.L.I.A.	MS.R]	P.R	.O.C.E	S.S. E.N.G. 2.0.1 3.4.4 3.8.0.0			
V. FACILITY MAILING ADDRESS	ET OR P.O.	BOX					a kar	
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4 N.E.W.A.R.K	DWN		-		C.STATE D. ZIP CODE		7,65	
VI. FACILITY LOCATION			71,2		40 41 42 47 51			
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B. COUNTY NA	-1=12,10	de l	4.5		45			
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C. CITY OR T	оwи			1.45 1.50	D.STATE E. ZIP CODE F. COUNTY CODE	1.70		
6 NEWARK					N J 0 7 1 0 5	-	Landaria Landaria	
EPA Form 3510-1 (6-80)		-			40 41 42 47 - 51 52 - 54 CONT	NUF	ON F	REVERSE

CONTINUED FROM THE FRONT		,
VII. SIC CODES (4-digit, in order of priority)		
A, FIRST	Bald Falls from the reason for the con-	B. SECOND
5 (specify)	7 2 8 7 9 (specify)	A LES SAN LANDING
Cyclic Chemicals	7 2 0 7 9 Agri	cultural Chemicals
C. THIRD	Called Market Control of the Called Called Control	D. FOURTH
7 2,8,2,1 Plastics	7 2 8 9 9 (specify) Misc	. Chemical Products
VIII. OPERATOR INFORMATION	113118 - 144	
ACAN CAR TAN AND THE STATE OF	NAME	B. Is the name listed in Item VIII-A also the
		Owner?
8 PITT-CONSOL CHEMICA	L COMPANY	YES NO
C. STATUS OF OPERATOR (Enter the appropriate letter in	to the answer box; if "Other", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	0 (specify)	A 2 0 1 3 4 4 3 8 0 0
E. STREET OR P.O. BOX	56 rubiic Corporation	15 16 - 18 19 - 21 22 - 25
1, 9, 1, D, O, R, E, M, U, S, A, V, E, N, U, E,		
F. CITY OR TOWN	G.STATE H. ZIP CODE	IX. INDIAN LAND
		Is the facility located on Indian lands?
B N, E, W, A, R, K,	N J 0 7 1 0 5	☐ YES ☑ NO
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X. EXISTING ENVIRONMENTAL PERMITS	。 1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1	。 第一章
	Air Emissions from Proposed Sources)	
9 N N.A	Δ	
15 16 17 18 - 30 15 16 17 18	30	
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	fort
9 U N.A 9 S.	T, A, T, E, O, F, N, J, Air	Quality (see attached list)
15 18 17 12 - 30 15 16 17 18	E. OTHER (specify)	Quality (see attached list)
C. RCRA (Hazardous Wastes)	SE. OTHER (specify)	
9 R N A 9 P	77 C C	er Effluent (see attached)
15 16 17 10 XI. MAP	30)	
Attach to this application a topographic map of the area e	extending to at least one mile bound and	party boundaries. The man must show
the outline of the facility, the location of each of its exist treatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise re-	sting and proposed intake and discharge s here it injects fluids underground. Includ	structures, each of its hazardous waste
	oquiromonia.	
XII. NATURE OF BUSINESS (provide a brief description)		
Manufacture of alkylated phenols		
Handracture of arkyrated phenois		
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- 15' - 15.03		
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XIII. CERTIFICATION (see instructions)	and the second of the second o	
I certify under penalty of law that I have personally exam- attachments and that, based on my inquiry of those pe application, I believe that the information is true, accura false information, including the possibility of fine and imp	ersons immediately responsible for obtain te and complete. I am aware that there	ning the information contained in the
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE.	C. DATE SIGNED
R. E. Lehmkuhl	16/11	
Vice President-Operations	1. Cottanhall	11/11/80
COMMENTS FOR OFFICIAL USE ONLY	Street Action in the second second second	and the second second second second second
	which and a bridge of the state	
13 16		55

EPA Form 3510-1 (6-80) REVERSE

AIR QUALITY RELATED PERMITS WITH STATE OF NEW JERSEY

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

	SALIN MARKETINE LITTLE STATES
ERTIFICATE NO.	DESCRIPTION
TANKS	TO SEL STATE OF LONG
30248	Gasoline Storage
30325	Fuel Oil Storage
30326	Methanol Storage
30327	Fuel Oil Storage
30328	Fuel Oil Storage
30840	Fuel Oil Storage
31661	Cresylic Acid Storage
31662	Cresylic Acid Storage
31663	Cresylic Acid Storage
31664	Cresylic Acid Storage
31665	Alkylated Phenols Storage
31673	Cresylic Acid Storage
Equipment	
CT-300	Vent Scrubber
CT-301	Vent System and Incinerator
CT-35482	Vent System and Quench Drum
CT-3149 (1)	Vent System and Incinerator
32827	Vent System and Boiler/Incinerator
30841	Vent System and Boiler/Incinerator
043225	Hot Oil Heater
New Permits Applied For	
NA	New Hot Oil Heater

Notes:

(1) An application to revise this permit has been submitted to the State of New Jersey.

WATER EFFLUENT PERMITS PITT-CONSOL CHEMICAL COMPANY

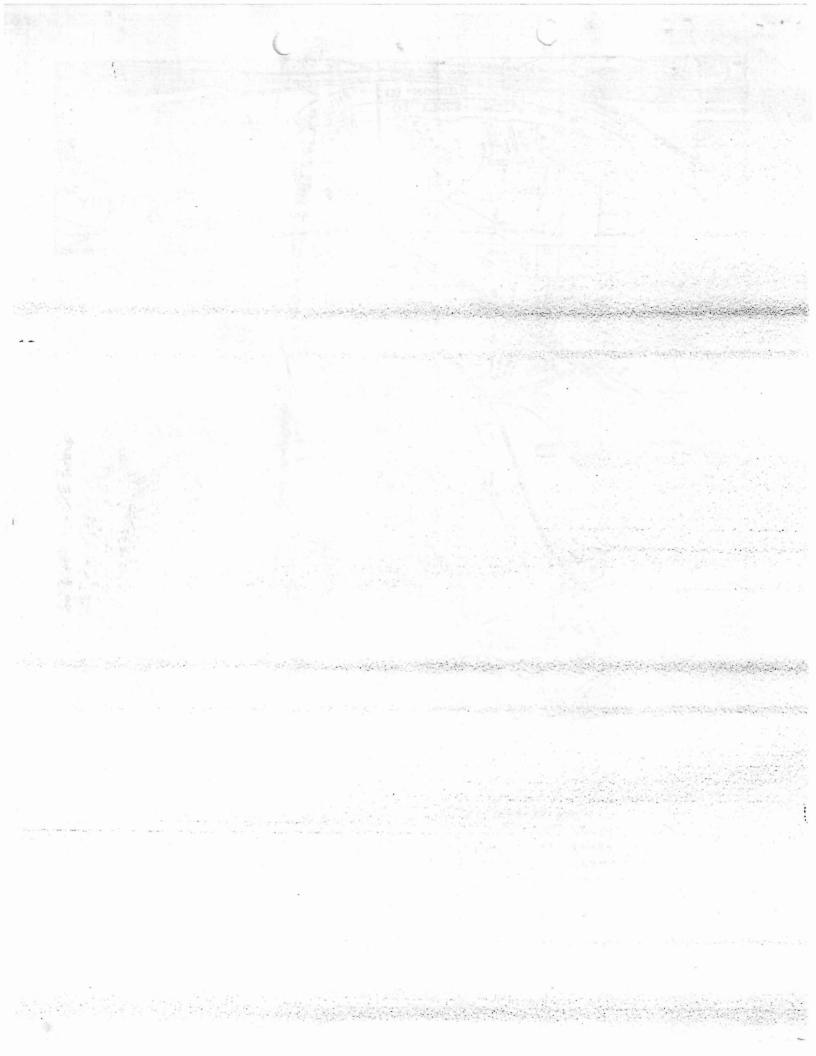
NEWARK, NEW JERSEY

An application to continue to discharge the Plant's effluent to the facilities of the Passaic Valley Sewerage Commission (PVSC) has been submitted and is being reviewed.



Notes:

- 1. All water intake is via the City of Newark's water system. No well or river water is used.
- 2. With the exception of general run off, all water discharge is via the Passaic Valley Sewerage Commission's sanitary sewer system.
- 3. We do not have knowledge of any drinking water wells within one quarter of a mile.
- 4. Scale is approximately 1:24,000.
- 5. Plant's north east corner is approximately N 40° 42' 45" W 74° 7' 21".
- 6. For location of hazardous waste management facilities see attached figure 3-1.



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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR \sim R DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number From 111-B

- TO4 The Plant has a "hot box" which can be used to melt 50 drums at one time to allow recovery of off-spec or solidified spilled materials. The box operates on a cycle of approximately 3 days.
- 5 TO4 The Plant has two racks capable of steaming out 12 drums each.
- 6 T04 The Plant has the capability of neutralizing spent and/or scrap acid and/or caustic in a 3000 gallon agitated reactor. Approximately 10,000 gallons per day could be neutralized.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CO	DDE
POUNDSP	KILOGRAMS	K
TONS	METRIC TONS	M
YO FARE : BULLET SEE SEE YEAR MEDITAL OF A TO THE POST HER MEDITAL SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	그리는 사람이 있는 그 그렇게 있다. 그는 점점 이번에 생각하는 내가 가지 않는 것이 없는 것이 없는 것이 없다면 없다.	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

March Land

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

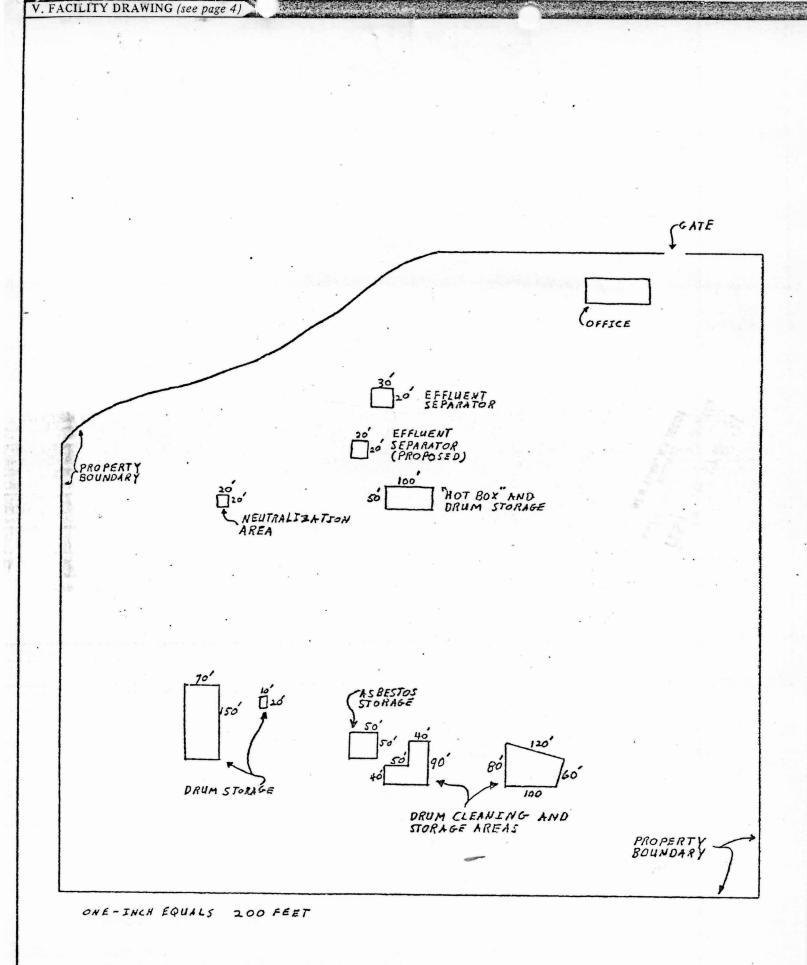
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	- Orthodoxida y Maria	March Library	D. PROCESSES
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CO (enter)	DDES	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	3 D 8 0		
X-2	D 0 0 2	400	P	3 D 8 0		
X-3	D 0 0 1	100	P	3 D 8 0		
X-4	D 0 0 2				43. 4. 14. 4. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	included with above

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Pitt-Consol Chemicals Continental Oil Company 191 Doremus Avenue Newark, New Jersey 07105 (201) 344-3800

October 8, 1980

Ms. Roma Phillips
Information Service Center
U.S.E.P.A. - Region II
26 Federal Plaza
New York, New York 10278

Dear Ms. Phillips:

This letter is to confirm our phone discussion on October 7, 1980 regarding the multiple facility numbers (RCRA) that we have received from your agency.

Facility Address and Number

Continental Oil Co., Inc. 191 Doremus Ave Newark, NJ 07105 NJD004948188

Pitt-Consol Chemical Company High Ridge Park Stamford CT 06904 CTD004322277

Continental Oil Co., Inc. 191 Doremus Avenue Newark NJ 07102 NJD002154789

Status

Used this number to file August 18, 1980 notification; however, corrected company name to Pitt-Consol Chemical Co.

TER STATE OF CHOM

As per your recommendation, our corporate office in Stamford will contact Region I indicating that there is no plant at this address, just corporate offices.

Please delete this number. It is for the same facility as the first one listed above except that the zip code is wrong. Attached is a copy of the notification which we received concerning this. We are disregarding this unless we are directed otherwise.

If you have any questions, feel free to call.

Mulliam F. Revelt

Senior Process Engineer

sag

79	SENDER: Complete items 1, 2, and 3.
SF	Add your address in the "RETURN TO" space on
9	reverse.
PS Form 3811, Aug. 1978	1. The following service is requested (check one). Show to whom and date delivered
10.1	Show to whom, date, and address of delivery.\$
A 5.	(CONSULT POSTMASTER FOR FEES)
Col	(CONTOCE 1 TOOTHERE)
1	2. ARTICLE ADDRESSED TO: , Jef , Sern, Center
' '	mo. Roma Philips, in Jen. Center
	7.S.E. P.A Region II
æ	126 Feloral Plans
Ξ	new york, My 10278
R	Miss (04) 102 18
2	3. ARTICLE DESCRIPTION:
EC	REGISTERED NO. CERTIFIED NO. INSURED NO.
/ m	8646323
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RE	(Always obtain signature of addressee or agent)
6. G	I have received the article described above.
/ 37	SIGNATURE Addressee Authorized agent
20	0.00
Ö	Vulla Chence
2	4. PATE OF DELIVERY POSTMARK
Č	DATE OF DELIVERY POSTMARK
Ê	CH ST. C
A	5. ADDRESS (Complete only if requested)
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C.	1 1 20 6
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RETURN RECEIPT, REGISTERED, INSURED AND CERTIFICATION INSURED	6. UNABLE TO DELIVER BECAUSE: CLERK'S
6	My Maries
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UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, and 3 on the reverse.
• Attach to front of article if space permits. Otherwise affix to back of article.
• Endorse article. "Return Receipt Requested" adja-

RETURN 5



REVELT, CHEMICAL COMPANY WILLIAM F. PPITT-CONSOL

(Name of Sender)

(Street or P. O. Box) AVENUE 191 DOREMUS

07105 NJ NEWARK,







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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II

26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

October 3, 1980

NJCC02154789

CONTINENTAL CIL CO INC

191 DCREMUS AVENUE NEWARK

NJ 07102

FEB 12 10 18 PH -81

Dear Sir:

The United States Environmental Protection Agency ("EPA") regulates the handling of hazardous wastes under the Resource Conservation and Recovery Act ("RCRA") 42 U.S.C. \$6901 et seq. Under Section 3010 of RCRA, 42 U.S.C. \$6930, parties handling certain quantities of hazardous wastes (these wastes are characterized and listed in regulations which were published in the Federal Register of May 19, 1980, 45 FR 33084 et seq. and July 16, 1980, 45 FR 47832 et seq.) are required to notify EPA of their activities. Facilities handling wastes defined by the May 19, 1980 regulations were required to notify by August 18, 1980. Facilities handling wastes defined by the July 16, 1980 regulations are required to notify by October 14, 1980. We have not yet received a notification from you or your company.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information of parties who handle hazardous wastes. Based upon information available to this Agency, we believe that you or your company handles such hazardous wastes. Therefore, in order to determine the extent of your hazardous waste activity, and to determine whether you should have notified EPA pursuant to §3010, we require that you complete the questionaire on the reverse side of this letter. Your completed form should be returned to us within 21 days of the date of this letter. The questionaire must be completed and signed by a responsible official of your firm. If you have already notified EPA of your hazardous waste activity, please complete the questionaire but indicate on the form your prior notification and list your EPA Identification Number, if available.

Your failure to respond to this letter in a timely manner may subject you to the initiation of enforcement action under Section 3008 of RCRA, 42 U.S.C \$6928. Such enforcement action may include the assessment of substantial penalties for continued ren-compliance.

Completion of the questionaire on the reverse side of this letter does not constitute notification under RCRA. If you have any questions on the contents of this letter or desire a notification package, please write the EPA Information Service Center (ISC) of 26 Federal Plaza, New York, New York 10278.

Sincerely yours,

Tulio Morales-Sanchez

Director

Enforcement Division

Haz lous Waste Activity Questionair=

ì.	Do you generate hazardous wastes as listed or characterized by the May 19, 1980 and/or the July 16, 1980 Federal Register?
	[] Yes. If yes, specify the maximum rate of generation (kilograms/month)*
	 [] Wastes are generated but all wastes are not hazardous. [] Hazardous wastes are generated, but are excluded under the provisions of 40 CFR Section 261.5, as indicated below:
•	[] Generate greater than zero but less than 1000 kilograms*/month of waste listed in 40 CFR Sections 261.31, 261.32 and 261.33(f).
	toxic waste listed in 40 CFR Section 261.33(e). [] Generate greater than zero but less than 10 kilograms*/month of container
	inner liners (see 40 CFR Sections 261.5(c) and 261.33(e)). [] Generate greater than zero but less than 100 kilograms*/month of spill residues (see 40 CFR Sections 261.5(c) and 261.33(e)).
2.	Do you transport or are hazardous wastes transported off your site?
	[] Yes, hazardous wastes are transported off-site using company vehicles. Maximum amount (kilograms)* per month
	[] Yes, hazardous wastes are transported off-site utilizing a contract carrier. Specify carrier name(s) and amounts
	[] Yes, hazardous wastes are transported off-site but all wastes are excluded under 40 CFR Section 261.5.
	[] No wastes are transported off-site. [] Wastes are transported off-site but all wastes are not hazardous.
3.	Do you receive or accept hazardous waste from other facilities for transportation to another site?
	[] Yes. If yes, maximum amount at one time (kilograms)*
	Maximum amount from any one facility(kilograms)* Specify mode of transportation
	and the second of the second o
4.	Do you treat hazardous wastes?
	[] Yes. Maximum amount treated (kilograms)* in any month [] No wastes treated.
	[] All wastes treated are non-hazardous.
5.	Do you store hazardous wastes?
	I] Yes. Maximum amount stored (kilograms)* at one time Maximum length of storage (days) after generation or receipt
	[] No wastes stored. [] Wastes are stored but all wastes are non-hazardous.
6.	Do you dispose of hazardous wastes on your property?
	 Yes. Maximum amount disposed on-site in one month (kilograms)* No wastes disposed. Wastes are disposed but are non-hazardous.
7.	Please indicate briefly the ultimate method of disposal of all wastes (hazardous and
	non-hazardous) from your facility. Attach separate sheet if necessary.
	Disposed on-site. Specify method



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

PITT-CONSOL CHEMICAL COMPANY
191 DOREMUS AVENUE
NEWARK, NJ 07105

INSTALLATION ADDRESS > 191 DOREMUS AVE
NEWARK, NJ 07105

EPA Form 8700-12A (4-80)



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Form Approved OMB No. 158-S79016

$\overline{\mathbf{w}}$	1
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)	
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.	1
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.	ADETACHA
	-
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	-
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	l
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.	
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	
E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) [X] 1. IGNITABLE [X] 2. CORROSIVE [D001] [D002] [D003]	
X. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	ADETACHA
Harry D. Garrison Plant Manager Plant Manager Plant Manager PA Form 8700/12 (6-80) REVERSE Plant Manager	
FEB 12 10 18 AM '81	

AIR QUALITY RELATED PERMITS WITH STATE OF NEW JERSEY

PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

CERTIFICATE NO.	DESCRIPTION
TANKS	
30248 30325 30326 30327 30328 30840 31661 31662 31663 31664 31665 31673	Gasoline Storage Fuel Oil Storage Methanol Storage Fuel Oil Storage Fuel Oil Storage Fuel Oil Storage Cresylic Acid Storage Alkylated Phenols Storage Cresylic Acid Storage
CT-300 CT-301 CT-35482 CT-3149 (1) 32827 30841 043225 New Permits Applied For	Vent Scrubber Vent System and Incinerator Vent System and Quench Drum Vent System and Incinerator Vent System and Boiler/Incinerator Vent System and Boiler/Incinerator Hot Oil Heater

NA

New Hot Oil Heater

Notes:

(1) An application to revise this permit has been submitted to the State of New Jersey.

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Vent Syruch y Vent Syruch and Indianation Vent Syrum and Quench Drow Vent Eyeren and incinetal r For E Erron or 'bilar'in the natur Vent Errar and bal'ah'irshorator Het Oil Heaver	

WATER EFFLUENT PERMITS PITT-CONSOL CHEMICAL COMPANY

NEWARK, NEW JERSEY

An application to continue to discharge the Plant's effluent to the facilities of the Passaic Valley

Sewerage Commission (PVSC) has been submitted and is being reviewed.

STIR STREET STREET PARTY OF THE STREET STREE

Vac at VI. 18/VAN

An application to continue to discining. The Flant's affinest to the Flant's affinest to the Facilities of the casalo Calley severage Commission. (SC) and bein admitted and to being reviewed.

If it is a reas are spaced for elite type, i.e., 1.2 s/inch.	THE RESERVE			Form Approved OMB No. 15	8-R0	175	CA			
PORM				I. EPA I.D. NUMBER I. EPA I.D. NUMBER IN J D 0 0 4 9 4			T/A C			
CO	nsolid	ated	Permits P	rogram before starting.) FNJD00494	8 1		8 3 D			
LABEL ITEMS				GENERAL INSTRU	en pr	ovide	ed, affix			
I. EPA I.D. NUMBER NJD004948188				it in the designated space. I ation carefully: if any of it	it in the designated space. Review the information carefully: if any of it is incorrect, cross					
III. FACILITY NAME				through it and enter the cappropriate fill—in area belo	ow. A	Iso, i	f any of			
FACILITY	ناسی ا	Ü		the preprinted data is abser left of the label space list	ts the	info	rmation			
MAILING ADDRESS MEMARK, MJ 07	105			that should appear), please proper fill—in area(s) belo complete and correct, you	w. If	the	label is			
				Items I, III, V, and VI (a must be completed regard)	xcept	· VI-I	B which			
VI. FACILITY 191 DOREMUS AV NEWARK, MJ 07	items if no label has been the instructions for detail	items if no label has been provided. Heter to								
Tolking the state of the state	de tui tui			tions and for the legal au which this data is collected.	thoriz	zatior	ns under			
II. POLLUTANT CHARACTERISTICS			aaaa	CONTRACTOR OF THE PROPERTY AND ADDRESS.			TELE			
INCTRUCTIONS: Complete A through I to determine w	hethe	r you	need to	submit any permit application forms to the EPA. If you answer the city following the question Mark "Y" in the box in	ver "y	es" t	to any			
if the supplemental form is attached If you answer "no"	to ea	ch a	uestion. v	e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no	II Y	Jul at	ctivity			
is excluded from permit requirements; see Section C of the		AAR	K 'X'	o, Section D of the instructions for definitions of bold—faced	Corms	MAR	к 'х'			
SPECIFIC QUESTIONS	YES	NO	FORM	SPECIFIC QUESTIONS B. Does or will this facility (either existing or proposed)	YES	NO	ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		X		include a concentrated animal feeding operation or aquatic animal production facility which results in a		X				
(FORM 2A) C. Is this a facility which currently results in discharges	16	17	18	discharge to waters of the U.S.? (FORM 2B) D. Is this a proposed facility (other than those described	19	20	21			
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	X 23	24	in A or B above which will result in a discharge to waters of the U.S.? (FORM 2D)	25	X 26	2.7			
E. Does or will this facility treat, store, or dispose of				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con-		-				
hazardous wastes? (FORM 3)	X	29	X 30	taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface	00			H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch		1				
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of		X processes such as mining of surfur by the Pracet process, solution mining of minerals, in situ combus tion of fossil fuel, or recovery of geothermal energy				X				
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	35	36	(FORM 4) J. Is this facility a proposed stationary source which is	37	38	39			
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons 				NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons		X				
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an	100	X		per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	100		Hansel			
attainment area? (FORM 5)	40	41	42	area? (FORM 5)	43	44	45			
1 SKIP P. I. T. T C. O. N. S. O. L. C. H. E					ij e					
IV. FACILITY CONTACT	1,41,4	.,0	AL	, = , = , = , = , = , = , = , = ,	69	1				
A. NAME & TITLE (last, fi				B. PHONE (area code & no.)						
2 R.E. V.E.L.T., W. I.L. L. I.A.M. S.R										
V. FACILITY MAILING ADDRESS			SEAL SE	45 45 45 1 1 1 1 1 1 1 1 1						
A. STREET OR P.O.		T	П			N. S.				
3 1,9,1, D,O,R,E,M,U,S, A,V,E,N,U	,E,	1		45						
B. CITY OR TOWN	1 1	T		C.STATE D. ZIP CODE						
4 N. E. W. A. R. K.				N.J. 0.7.1.0.5						
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER	SPECI	FIC	IDENTIF	IER	350					
5 1, 9, 1, D, O, R, E, M, U, S, A, V, E, N, U	TT									
15 16 B. COUNTY NAME	, E,			45						
E.S.S.E.X.	TT	1	FI							
E. S. E. A. C. CITY OR TOWN				D.STATE E. ZIP CODE F. COUNTY CODE						
6 N E W A R K	1 1	-		N J 0 7 1 0 5						
55 te EPA Form 3510-1 (6-80)		2		40 41 42 47 - 51 32 - 54 CONT	INUIE	ON	REVERSE			

CONTINUED FROM THE FRONT
VII. SIC CODES (4-digit, in order of priority) A. FIRST B. SECOND
7 2 8 6 5 (specify) Cyclic Chemicals Cyclic Chemicals Cyclic Chemicals Cyclic Chemicals Cyclic Chemicals
C. THIRD D. FOURTH 2,8,2,1 Plastics 7,2,8,9,9 Misc. Chemical Products
VIII. OPERATOR INFORMATION
A. NAME S. Is the name listed liter VIII-A also to owner? 8 PITT-CONSOL CHEMICAL COMPANY TO SEE THE
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no.)
S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) Public Corporation O = OTHER (specify) Public Corporation
E. STREET OR P.O. BOX 1 9. 1. DOREMUS AVENUE
1, 9, 1, D, O, R, E, M, U, S, A, V, E, N, U, E, SS F. CITY OR TOWN G.STATE H. ZIP CODE IX, INDIAN LAND
Is the facility located on Indian lands?
15 16 - 40 41 42 47 - 51
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)
9 N NA 9 P NA
B. UIC (Underground Injection of Fluids) E. OTHER (specify)
9 U N.A. 9 S.T.A.T.E. O.F. N.J. 30 45 16 17 18 Air Quality (see attached list
C. RCRA (Hazardous Wastes) E. OTHER (specify)
9 R NA (specify) 15 16 17 18 Water Effluent (see attached)
XI. MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.
XII. NATURE OF BUSINESS (provide a brief description)
Manufacture of alkylated phenols
A CONTRACTOR OF THE PROPERTY O
F9: 51
The state of the s
XIII. CERTIFICATION (see instructions)
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the
application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.
R. E. Lehmkuhl B. SIGNATURE C. DATE SIGNED
Vice President-Operations (The purple of the
COMMENTS FOR OFFICIAL USE ONLY COMMENTS FOR OFFICIAL USE ONLY
TPA Form 3510-1 (6-80) REVERSE

Place an "X" in the appropriate box in A or 8 below (mark one box only) to indicate whether this is the first application, you are submitting for your face revised application. (If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your face for the provided provided in the provided provided in the provided provided in the provided provid	dow.) ILITIES, DATE OPERA- OR IS BEGIN led for w, then					
CONSIDERATION PROVIDED THE SET OF REALITY (See instructions for definition of "existing" facility. The STATE APPLICATION (Journal of the seed from the list of process codes below that best describes each process in the ser of seed of the list of process codes below that best describes used at the facility. The lines are providenting odes. If more lines are needed, anter the codeful in the part of the seed of the list of process codes below that best describes each process in clouded in the list of codes below that best describes each process. PROCESS CODE SIGN CAPACITY — For each code entered in column A enter the code from the list of unit measure codes below that describes the unit measure used. Only the units of measure that are listed below should be used. PROCESS CODE — Enter the amount. 1. A PROCESS CODE — Enter the code from the list of process codes below that best describes each process in clouding its design capacity in the space provided. If a process will be used that is not included in the list of codes below that best describes each process. 1. A MOUNT — Extra the amount. 2. PROCESS CODE — Enter the code from the list of process codes below that best describes each process. 2. A PROCESS CODE — Enter the the code from the list of process codes below that describes each process. 3. A PROCESS CODE — Enter that the code from the list of process. 4. A MOUNT — Extra the amount. 5. A PROCESS CODE — Enter that the are listed below should be used. 5. A PROCESS CODE — Enter that are listed below should be used. 6. A PROCESS CODE — Enter that are listed below should be used. 7. A PROCESS CODE — Enter that are listed below should be used. 8. A PROCESS CODE — Enter that are listed below should be used. 9. A PROCESS CODE — Enter that are listed below should be used. 9. A PROCESS CODE — Enter that are listed below should be used. 1. A MOUNT — Extra the amount. 2. A PROCESS CODE — Enter that are listed below should be used. 1. A MOUNT — Extra the amount. 2. A PROCESS CODE — Enter that are list	dow.) ILITIES, DATE OPERA- OR IS BEGIN led for w, then					
FOR OFFICIAL USE ONLY APPROVED Or, mo., d. day) II. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below Imark one box only) to indicate whether this is the first application you are submitting for your face revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility. A FIRST APPLICATION (place on "X" below and provide the appropriate date) In FACILITY (See instructions for definition of "existing" facility. Organization of "existing" facility. Organization for a facility in the provide of the see of	dow.) ILITIES, DATE OPERA- OR IS BEGIN led for w, then					
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	. A					
CUBIC METERS						
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons a other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.	nd the					
DUP TARCE	11					
B. PROCESS DESIGN CAPACITY A. PRO- B. PROCESS DESIGN CAPACITY A. PRO- B. PROCESS DESIGN CAPACITY						
CESS CODE 2. UNIT OF MEA- OF ILSE CODE 1. AMOUNT OF MEA- OF	FOR FICIAL USE					
Z above) Code) ZZ above) Code)	ONLY					
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X-2 T 0 3 20 E 6 T 0 4 10,000						
1 S 0 1 50,000 000 G 7						
2 S 0 3 130 000 Y 8						
3 T 0 1 720,000 000 U 9						
4 T 0 4 960 / 2 2 2 0 0 0 U						

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ($code\ "T04"$). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number From 111-B

- TO4 The Plant has a "hot box" which can be used to melt 50 drums at one time to allow recovery of off-spec or solidified spilled materials. The box operates on a cycle of approximately 3 days.
- 5 TO4 The Plant has two racks capable of steaming out 12 drums each.
- TO4 The Plant has the capability of neutralizing spent and/or scrap acid and/or caustic in a 3000 gallon agitated reactor. Approximately 10,000 gallons per day could be neutralized.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

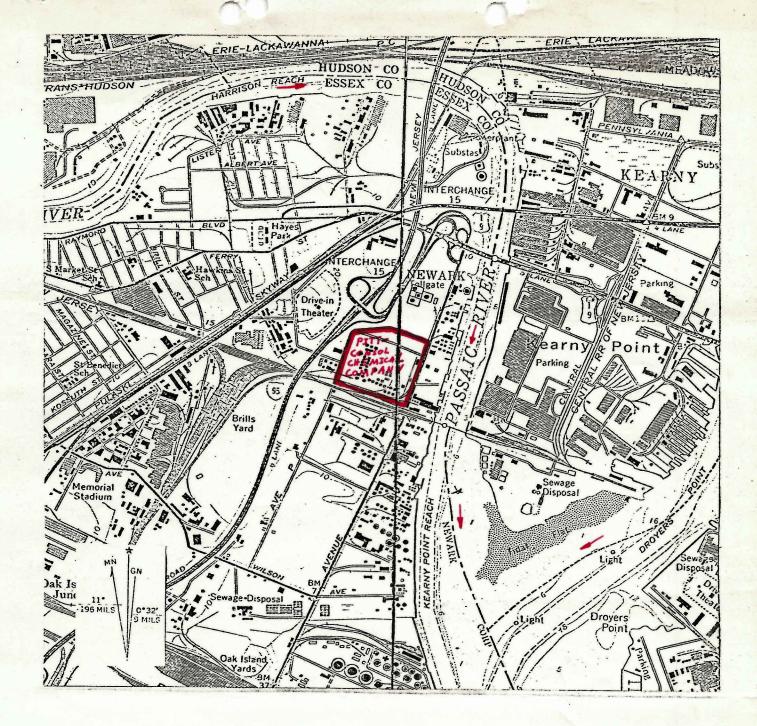
	A. EPA		C. UNIT		D. PROCESSES		
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-1	K 0 5 4	900	P	T 0 3 D 8 0			
X-2	D 0 0 2	400	P	T 0 3 D 8 0			
X-3	D 0 0 1	100	P	T 0 3 D 8 0			
X-4	D 0 0 2				included with above		

Continued from the front.			1			1
IV. DESCRIPTION OF HAZARDOUS WASTES, A	ntinued)					
E. USE THIS SPACE TO LIST ADDITIONAL PROC	CESS CODES FR	OM ITEM D(1) ON PACE	3.		0	
the state of the second second second second						
10 (5) 10 (5) (10 (5) (10 (5)						
						(F)
						1
	1					
Included bitch shows	H	-A				
EPA I.D. NO. (enter from page 1)	6:55	F6 =				
FNJD00494818836	6.22	10.56				
V. FACILITY DRAWING				5 18 - 3		-
All existing facilities must include in the space provided on	page 5 a scale drawi	ng of the facility (see instruct	ions for more de	tail).	建設工程 医纤维 基	
VI. PHOTOGRAPHS						No.
All existing facilities must include photographs (aeri treatment and disposal areas; and sites of future stores.)	<i>ial or ground—leve</i> rage_treatment or	el) that clearly delineate a disposal areas (see instruc	Il existing structions for more	ctures; ex e detail).	isting storage,	
VII. FACILITY GEOGRAPHIC LOCATION			ALUMIN .	FRA		60.07
LATITUDE (degrees, minutes, & seconds		LONGIT	UDE (degrees, n	inutes, &	seconds)	
4042450			0740	21	0	
VIII. FACILITY OWNER			72 - 74 75 7	77	79	
A. If the facility owner is also the facility operator as I	listed in Section VIII	Lon Form 1 "General Inform	nation" place ar	"X" in th	e box to the left ar	nd
skip to Section IX below.	instead in occition with	Controller, Consideration	idiroit , prood at			
B. If the facility owner is not the facility operator as I	isted in Section VIII	on Form 1, complete the fo	llowing items:			
1. NAME OF FACIL	LITY'S LEGAL OW	NER		2. PHO	NE NO. (area code	& no.)
ها					ППП	TT
E 15 16	-		55	56 - 58	59 - 61 62	- 65
3. STREET OR P.O. BOX	c	4. CITY OR TOWN	5.	ST.	6. ZIP CODE	
F	G		34			
IX, OWNER CERTIFICATION	45 15 16	ECONOMIC SECURIC	40 41	42.1	67 - 51	BH ST
I certify under penalty of law that I have personally	examined and an	familiar with the informa	ation submitte	d in this	and all attached	
documents, and that based on my inquiry of those in submitted information is true, accurate, and comple	ndividuals immed	iately responsible for obta	nining the info	mation,	I believe that the	
including the possibility of fine and imprisonment.	Le. I alli avvare Lila	it there are significant per	arties for subt	neenig ta	isc information,	
A. NAME (print or type)	B. SIGNATURE		C	DATES	GNED	
R. E. Lehmkuhl	116	Shahall	2	1	1-	
				1/10	1100	
	160	Christate		1/11/	80	1000
X, OPERATOR CERTIFICATION	160		E PURE			100
I certify under penalty of law that I have personally	examined and an	n familiar with the informa	ation submitte	d in this	and all attached	
I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple	ndividuals immed	n familiar with the informiately responsible for obta	ation submitte	d in this	and all attached I believe that the	
I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	ndividuals immed te. I am aware the	n familiar with the informiately responsible for obta	ation submitte aining the info aalties for subm	d in this rmation, nitting fa	and all attached I believe that the Ise information,	
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Continues from page 2. NOTE: Photocopy this page before completing ou have more than 26 wastes to list. Form Approved OMB No. 158-S80004 EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONLY 9 4 8 8 8 J D 0 N 1 DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA D. PROCESSES HAZARD. WASTENO B. ESTIMATED ANNUAL QUANTITY OF WASTE LINE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 20-2 36 29 27 - 29 27 -F 0 0 1 4,000000 P S 0 1 T 0 4 20 000 U 0 1 3 T S 0 3 3 0 0 7 D 400 0 0 0 P S 0 1 T 0 4 4 D 0 0 8 100000 P S 0 1 5 D 0 0 2 9,000 000 P S 0 1 T 0 4 D 0 0 1 P 10,000 000 S 0 1 007 F 0 0 5 Included with above 00% U 1 5 4 Included with above 9 209 U 2 2 0 Included with above 10 010 U 0 5 4 100,000 000 P T 0 4 S 0 1 11 011 0 5 Included with above 012 12 1 0 Included with above 13 U 1 8 8 Included with above 14 F 0 0 Included with above 15 16 18 19 20 21 22 23 24 25 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE**

ONE-INCH EQUALS 200 FEET

PROPERTY BOUNDARY



Notes:

- 1. All water intake is via the City of Newark's water system. No well or river water is used.
- 2. With the exception of general run off, all water discharge is via the Passaic Valley Sewerage Commission's sanitary sewer system.
- 3. We do not have knowledge of any drinking water wells within one quarter of a mile.
- Scale is approximately 1:24,000.
- 5. Plant's north east corner is approximately N 40° 42' 45" W 74° 7' 21".
- 6. For location of hazardous waste management facilities see attached figure 3-1.



Valley South to the companies of the com

The real property of the real